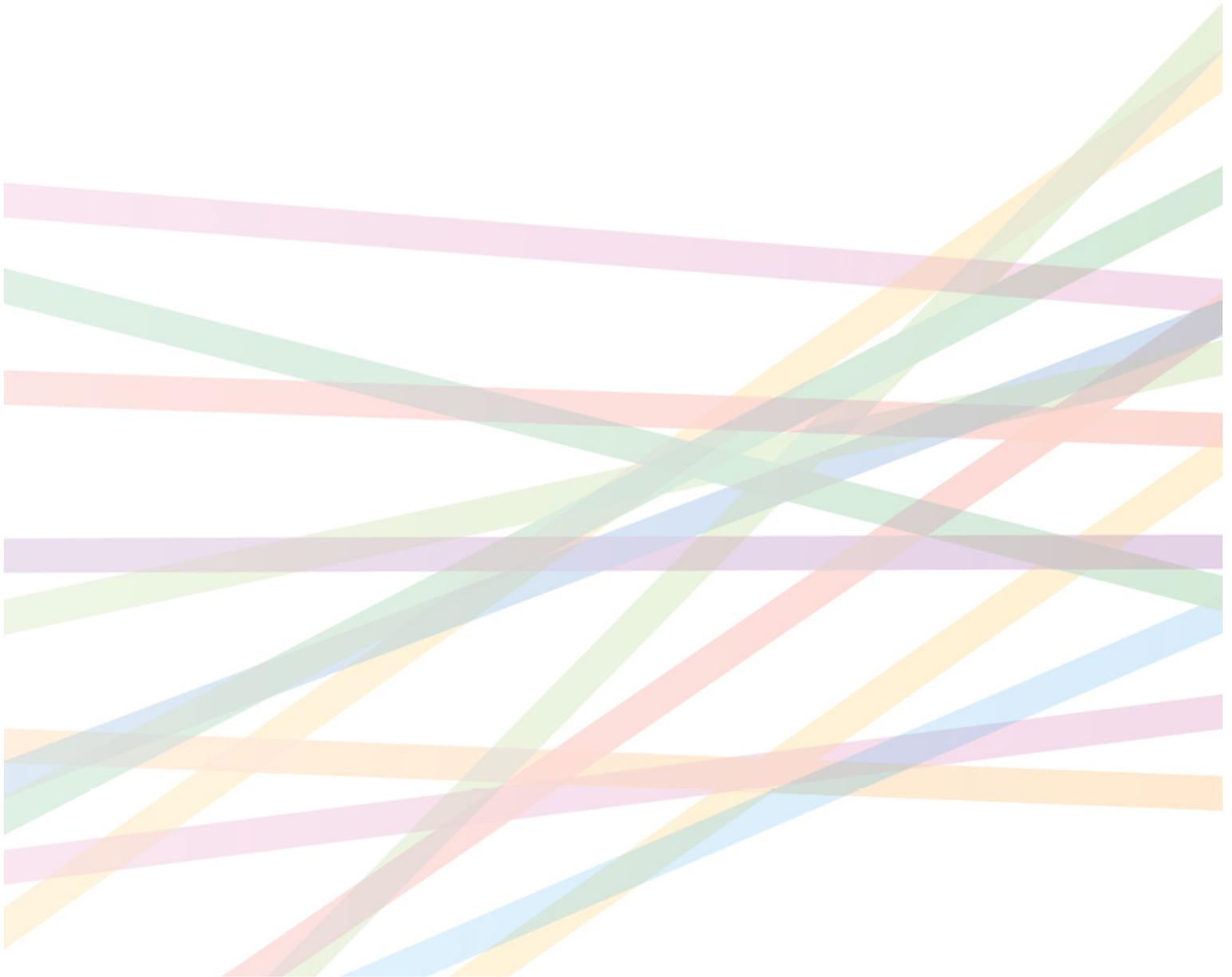




“GO TO” TEACHER TRAINING

REPORT FOR ONTARIO SHORES SCHOOL DISTRICTS



"GO TO" TEACHER TRAINING: REPORT FOR ONTARIO SHORES SCHOOL DISTRICTS

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| Background

The "Go-to" Educator Training: Identification of Mental Disorders in the Secondary School Setting ("Go-to" Educator Training) was developed in 2009 by Dr. Stan Kutcher, Sun Life Chair in Adolescent Mental Health. It is an important component of the "Pathways to Care Model" (Wei, Kutcher & Szumilas, 2011) which integrates schools with health care providers to better meet mental health care needs of young people. The "Go-to" component of this model is based on the observation that in each school, there are educators with whom students form good relationships, naturally go to for help, and feel comfortable talking about their problems. Providing training to this group of educators in how to recognize mental disorders can be expected to substantively promote early identification of mental health problems and mental disorders, thus potentially leading to earlier effective interventions and the provision of ongoing support within the school setting to those so identified. These "go-to" educators can include subject teachers, student service providers (such as guidance counselors, psychologists, social workers, nurses, etc.), principals and other staff members. At these training sessions, these education sector professionals are joined by appropriate health and mental health providers working in the local communities.

The objective of the "Go-to" Educator Training is to equip these "go-to" educators with the information necessary to identify mental health problems and mental disorders in their students and learn the actions necessary to facilitate referrals to appropriate health and mental health resources within the school or community. It is one day or one and a half day program depending on training needs and provides training in the identification and support of young people experiencing mental health problems/mental disorders. It also links the "go-to" educators with student service providers

The evaluation of the "Go-to" Educator Training is determined by a survey comprised of 30 true/false/do not know questions and 8 Likert-scaled questions which participants complete both prior to and following the training session. The 30 knowledge questions assess the educators' knowledge regarding signs, symptoms, causes and onset of mental disorders in addition to tools and techniques used in the assessment of mental disorders in young people. The 8 Likert-scaled questions are used to evaluate participants' attitudes towards mental illness.

Additionally, training participants are asked to complete a workshop evaluation.

This report presents the outcomes of the "Go-to" Educator Training delivered by Dr. Stan Kutcher, Sun Life Financial Chair in Adolescent Mental Health and Yifeng Wei, team member of the Sun Life Financial Chair in Adolescent Mental Health to participants from a session conducted with various school boards in Whitby, Ontario in September of 2013.

| Participants

A one-day training session was offered during the middle of September to a total of 84 participants in the Ontario Shores school districts. This was a much larger group of participants than usually trained in one session. Of these 84 educators, 74 surveys were able to be matched, and are the

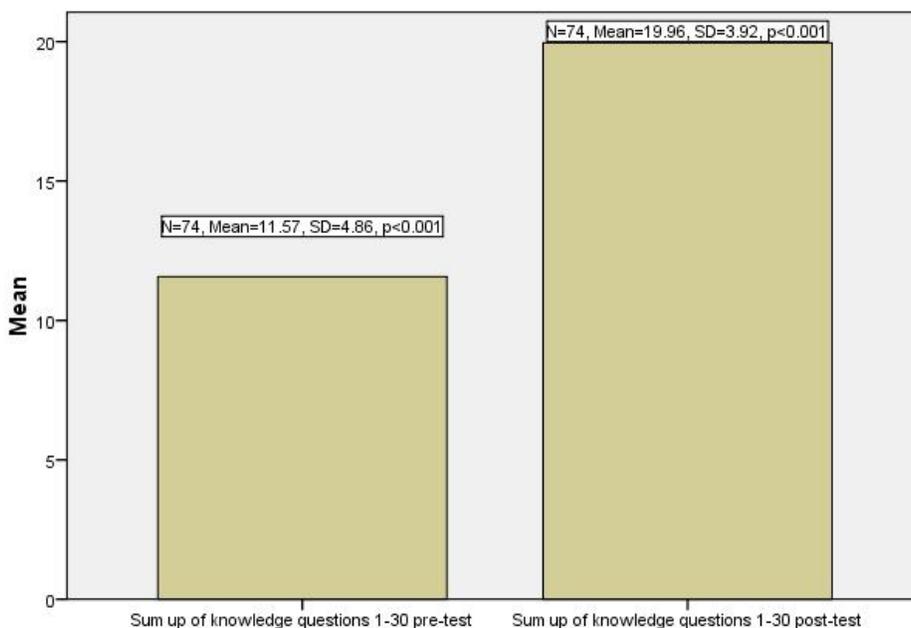
subject of this report. The 74 participants (61 female, 12 male, 1 unknown) who participated in the training and the testing included 34 teachers (45.9%) 11 guidance counselors (14.9%), four social workers (5.4%), eight administrators (10.8%), five psychologists (6.8%), as well as 12 individuals (16.2%) whose profession was categorized as “other”.

Outcomes

Participants in the “Go-to” Educator Training completed anonymous knowledge assessment surveys before and after the training in order to help determine the effectiveness of the training. Surveys included 30 knowledge questions pertaining to general mental health literacy. These questions were framed as “True”, “False”, and “Do Not Know” options. Educators were instructed to use the “Do Not Know” option rather than guessing. The survey also included eight questions examining attitudes related to mental illness. These questions were measured with a 7 point Likert Scale, ranging from “strongly disagree” to “strongly agree.” A total positive attitude score out of 56 is calculated from this measure. To ensure anonymity, participants were asked not to provide any identifying information. In order to link participants’ responses between the pre-training and post-training surveys, anonymous linking questions were asked, such as their month of birth, mother’s first name, and postal code.

Outcomes of the knowledge assessment survey revealed that prior to the training, the group correctly answered an average of 11.6 of 30 (39%) of general mental health questions, which improved to 20.0 of 30 (67%) following participation in the training program, a statistically significant change, $t(73) = 11.96$, $p < 0.001$ (see Figure 1). This is an extremely positive p value, demonstrating a highly significant impact of the training program. The effect size, $d = 1.90$, is extremely high, demonstrating a highly substantive impact of the training program.

Figure 1: Mean Group Scores for General Mental Health Knowledge



Participants' attitudes towards mental illness, as measured on the Likert scored questions were highly positive at baseline, and remained essentially the same after the training (see Figure 2).

Seventy-four participants provided feedback regarding their satisfaction with the training. Using a five-point scale (i.e., 0 = poor; 5= Excellent), participants responded to several questions and were further invited to provide comments and suggestions. When asked

“Overall, I found the workshop useful and informative” participants' average score was 4.58 out of 5. In response to the question “Overall I found the speaker(s) to be of high quality” as a group participants' average score was 4.68 out of 5. In response to the question “Overall I learned information and concepts that will be helpful to me in my work”, as a group, participants' average score was 4.59 out of 5. When asked “would you recommend this workshop to my colleagues” as a group participants average score was 4.57 out of 5. When asked to provide an overall rating for the workshop as a group participants' average score was 4.53 out of 5. Finally, participants were asked to rate this workshop compared to other similar workshops they have taken. Forty three percent of respondents noted that the workshop was “much better” than similar workshops while 37% stated it was “better”.

Overall, participants considered the training session to be “excellent”, “very informative” and as providing “extremely relevant information”. The participants enjoyed the speaker and thought the information learned was relevant to their work. Some representative comments from their written feedback include:

“Clearly an educated and knowledgeable speaker! Well done!”

“I've been working in school admin for 15 years. This is the best workshop I've ever attended on adolescent mental health. Keep it going! I will recommend my colleagues attend ASAP.”

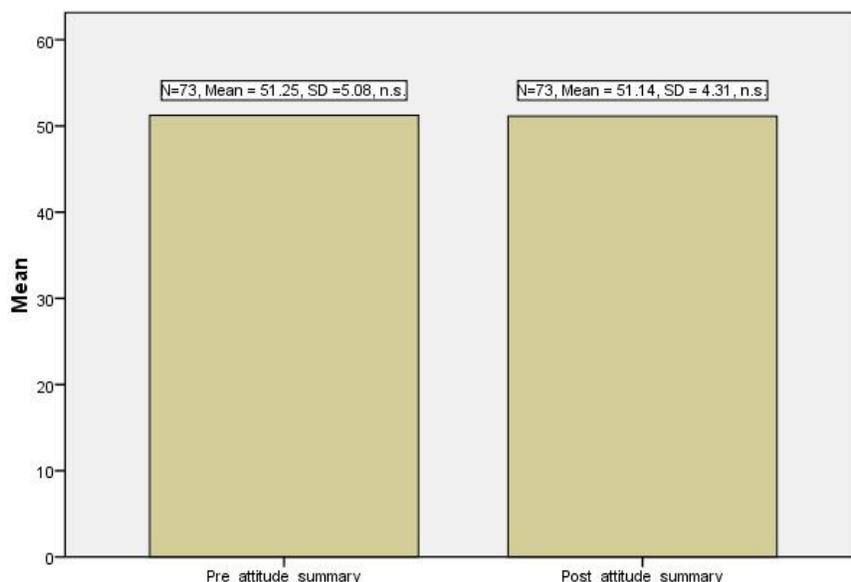
“Pre and post test are a great idea. I used the post test to focus my learning throughout the workshop.”

“I will use and refer people to the website more often. I was aware of the site, but underutilized it. Thank you.”

| Discussion and Conclusions

Evaluation of this “Go-to” Educator Training demonstrates that this training program is helpful in significantly and substantively improving educators' capacity to learn how to identify adolescents

Figure 2: Mean Group Scores for Attitudes towards Mental Health



with mental health problems or disorders and how to link them with appropriate services for help. Additionally, participants' attitudes toward mental illness were highly positive before the training and remained positive after the training.

These positive results of the "Go-to" Educator Training suggest that this training may be a useful intervention to help those working in junior high and secondary schools identify youth who demonstrate mental health problems and disorders in the school setting and learn how to link them to appropriate care providers. Thus, the school setting becomes part of the solution along the pathway to mental health care.

| References

Wei, Y., Kutcher, S., & Szumilas, M. (2011). Comprehensive school mental health: an integrated "school-based pathway to care" model for Canadian secondary school. *McGill Journal of Education*, 46(2), 213-230.